

# **EXHIBIT 4**

ECSU ASBESTOS BULK SAMPLE TESTING PROGRAM

Lab: HIT Batch # 259-1-03  
 Originating ECSU: \_\_\_\_\_ Inspector Name: Peter Skalsky Number of samples in batch 3  
 Date sent to lab: \_\_\_\_\_ Carrier: \_\_\_\_\_ Signature of sender: \_\_\_\_\_  
 Date report rec'd: \_\_\_\_\_ Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

ECSU Instructions: ☒ Test until positive. ☐ Test all samples in batch.  
 (If no instructions are checked, all samples in batch will be tested.)

Client number: \_\_\_\_\_ Project number: \_\_\_\_\_ Log-in number: \_\_\_\_\_

Date rec'd by lab: \_\_\_\_\_ Sample count OK? \_\_\_\_\_ Signature of recipient: \_\_\_\_\_

Date reports due: \_\_\_\_\_ Date reports sent: \_\_\_\_\_ Anal. technique: PLM/dispersion staining

Lab	Sample ID ECSU	Sample origin	Sample description	Asbestos content % Type	Analyst signature	Date of analysis
5072	01	259-1-18-01	brownish grey, fibrous, amorphous	37% Chrysotile	D. D. D.	12/6/88
	02	"	"	NT		
	03	"	"	NT		

Date: \_\_\_\_\_ Relinquished by: \_\_\_\_\_ Custodian: \_\_\_\_\_ Location: \_\_\_\_\_  
 Date: \_\_\_\_\_ Relinquished by: \_\_\_\_\_ Custodian: \_\_\_\_\_ Location: \_\_\_\_\_  
 Date: \_\_\_\_\_ Relinquished by: \_\_\_\_\_ Custodian: \_\_\_\_\_ Location: \_\_\_\_\_  
 Date: \_\_\_\_\_ Relinquished by: \_\_\_\_\_ Custodian: \_\_\_\_\_ Location: \_\_\_\_\_

ND = None Detected  
 NT = Not Tested

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Building Material Condition Assessment

DOCUMENT #:

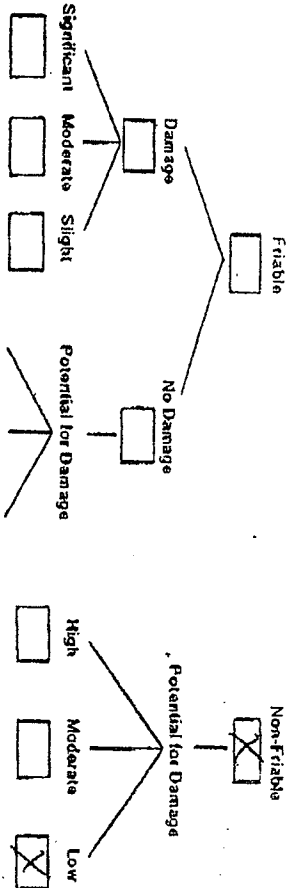
Homogeneous Area I.D. Thermal Ins. Rises, Fiberglass

BUILDING I.D. 259

☐ Surfacing Material ☒ Thermal System Insulation ☐ Miscellaneous Material

FLOOR I.D.: B

Estimated Squarefootage Foot 2504.7 Linear Ft. 81-F



Map Location Key	Sample I.D.	Photograph I.D.	Salient I.D.	Test	Brkr Comment
1. <u>1st Floor</u>					
2.					
3.					
4.					
5.					
6.					
7.					

Comments:

Inspector Signature: [Signature] Cert. # 1273 MN

Hazard Assessment Rank

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒

1-3 HIGH RISK. Restricted access as much as possible. Isolation may be necessary. Proper protective equipment such as respirators may be required. Remove or repair ACBM as soon as possible.

4-6 MODERATE RISK. Reduce potential for disturbance. Restricted access may be necessary. Remove or repair as soon as possible. Maintain an appropriate Operations and Maintenance Program.

7-9 LOW RISK. Reduce potential for disturbance. Removal or repair may be necessary. Maintain an appropriate Operations and Maintenance Program.

Sign. Planner Signature: [Signature] Cert. # 1171 MN

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